

# FORM C - SUBSTANCE USE PREVENTION NARRATIVE

## **Local Authority: Southwest**

List of communities and coalitions in Southwestern Utah with specific prevention services:

### WASHINGTON COUNTY:

- St. George
- Enterprise
- Washington (Washington County Prevention Coalition; Reach4Hope Suicide Prevention Coalition; Washington County Youth Coalition)
- Santa Clara
- Ivins
- LaVerkin
- Hurricane (Hurricane Valley Coalition)
- Snow Canyon Cone Site
- Hildale/Colorado City (Creek Valley Coalition)

### IRON COUNTY:

- Cedar City (Iron County Prevention Coalition; Iron County Teens Against Tobacco and Drugs)
- Enoch
- Parowan (Parowan Valley Prevention Coalition)

### BEAVER COUNTY:

- Beaver (Beaver Prevention Coalition)
- Minersville
- Milford (Milford Prevention Coalition)

### GARFIELD COUNTY:

- Panguitch (Panguitch Prevention Coalition)
- Bryce Valley (Bryce Prevention Coalition)
- Escalante (Escalante Prevention Coalition)

### KANE COUNTY:

- Kanab (Kanab Community Coalition)
- Valley (Valley Youth Prevention Coalition)

For full details, including CCEBP Coalition Status and operating systems, and logic models for each county, see our [Southwest Area Plan for 2023](#). (Note: this plan has multiple pages. The

first include logic models for the primary, individual-strategy prevention programs we run. After that, there is a page/tab for each county, with included issue-specific logic models for their priority-focuses).

### **AREA NARRATIVE:**

Southwest Behavioral Health Center has built a robust coalition foundation in the Southwest five counties of Utah, including 10 high functioning Community-Centered, Evidence-Based Prevention (CCEBP) adult coalitions (Community Status “G”), 3 new CCEBP adult coalitions under development (“D-E”), and 8 high functioning CCEBP youth coalitions (“G”), for a total of 21 independent coalitions. Each of these coalitions are formed under the structure of the Communities That Care (CTC) model, and also utilize training, tools and resources from the National Coalition Academy. We also provide technical assistance, coaching, and funding to two University Prevention Coalitions, one at Utah Technical University, one at Southern Utah University.

In addition to (and to support) this heavy focus on CCEBP coalition work, Southwest has built a professional prevention team of 16 full-time Certified or Licensed Prevention Specialists, 2 full-time Certified Prevention Americorp Staff, and 9 part-time Certified Prevention Specialists, for a total of 26 Certified and/or Licensed Prevention Specialists, (not including 5-7 interns per semester). On top of their work with coalitions, all of these staff also spend at least one day doing direct service programming in Southwest communities, (i.e. Student Assistance Programs, Prime For Life, Hope For Tomorrow, Positive Action, Life Skills Training, Guiding Good Choices, Strengthening Families, etc.).

A prevention team and plan this robust and complex present unique management requirements and unique technical assistance needs. To help with this, three of our full-time prevention positions have been turned into regional supervisory positions, reducing coalition and programmatic workload to allow for supervision, coaching, and technical support for staff and coalitions, (although all three positions continue to manage a coalition or one day of programming).

Glisson et al. (2008) demonstrated that “Positive organizational culture is associated with Evidence Based Practice sustainment,” (p. 98). In other words, just choosing evidence-based practices is not enough. In order for them to work, (including being accepted by the community, implemented with fidelity, and sustained over time), the organizational structure of the entity that is pushing a culture of evidence-based practices in a community is *integral*. Aarons, Hurlburt and Horwitz (2011) suggested that some important pieces of positive organizational structure include, “...improving implementation climate that supports the EBP, carving out time for training and coaching that also support fidelity, and tailoring information systems to support EBP record keeping and reporting.”

With this research in mind, at Southwest Prevention we have focused on building our workforce and increasing their capacity through increased training and coaching. To this end, we require all of our prevention specialists to have a bachelors degree, (or be working toward one). We require they complete the SAPS Training every three years, complete QPR and Mental Health First Aid every two years, complete Motivational Interviewing training within one year of hire, and every five years after, and graduate the National Coalition Academy within two years of hire. Staff are also required to go through CTC training within two years of hire, become active members of the UPCA, and complete three additional webinars every year. We also require full-time prevention specialists to obtain prevention specialist licensure through IC&RC within three years of hire, and part-time prevention specialists within six years of hire. This heavy focus on training and credentials increases the capacity of prevention staff, and creates a robust and high-functioning prevention program in Southwestern Utah.

### [Logic Models for strategies and coalitions](#)

#### **References:**

- Aarons, G.A., Hurlburt, M., & Horwitz, S.M. (2011). Advancing a Conceptual Model of Evidence-Based Practice Implementation in Public Service Sectors. *Administrative Policy in Mental Health*. 38:4–23 DOI 10.1007/s10488-010-0327-7
- Glisson, C., Schoenwald, S., Kelleher, K., Landsverk, J., Hoagwood, K., Mayberg, S., et al. (2008). Assessing the organizational social context (OSC) of mental health services: Implications for research and practice. *Administration and Policy in Mental Health and Mental Health Services Research*. Special Issue: Improving mental health services, 35(1–2), 98–113.